

Patient Safety Committee

Morbidity and Mortality Rounds Procedure Policy

Dates

1. The Grand Rounds Flyer will designate the range of dates (inclusive) for which Morbidity and Mortality (M&M) statistics will be tabulated and presented.
2. The start date will begin immediately following the previous M&M Rounds end date, and the new end date will be at least one week before the M&M Rounds presentation date.

Case Lists

1. A standardized case list will be used for all M&M Rounds presentations (see Appendix A)
2. Procedures for which the case count is zero need not be listed.
3. A tabulated Total of Cases should be listed for each category.

Consultant-Based Case Reporting

1. Tabulation and reporting of cases performed by consultants will be divided among the resident teams as follows:
 - o Vic-Head and Neck and Laryngology: All Fung, MacNeil, Nichols, Yoo cases (including flaps)
 - o Vic-Pediatrics: Husein, Strychowsky, Paradis cases
 - o ONO Team: Parnes, Agrawal cases
 - o RFP Team: Moore, Rotenberg, Roth, Sowerby cases

Data Acquisition

1. Each consultant's secretary will provide a total list of cases based on billings for their consultant for the specified time period. All consultants use either IBIS or ABEL software, which makes this report generation quite straightforward.
2. The request for the list should be made to the secretary at least one week prior to the Rounds.

Morbidity and Mortality Adverse Event Cases

1. The senior resident of each team will be responsible for maintaining a running list of all cases with adverse events meriting reporting.
2. Adverse events reporting should indicate both the type of complication (e.g., hematoma, wound infection, etc.) as well as the primary surgical case to which it applies (e.g., neck dissection, parotidectomy).

Data Review

1. The Rotation Chief Consultant will be provided with the case tallies and M&M lists at least two days prior to the M&M Rounds presentation to enable verification of accuracy and to identify any omissions or discrepancies.
2. The Rotation Chief Consultant must notify the senior resident of his/her team at least 24 hours prior to the presentation time of any modifications or additions that are required.

Report of specific Cases

1. Additional details of specific cases may be reported for educational purposes as permitted by the time constraints of Grand Rounds presentation.
2. The Primary Consultant involved should be notified of the intention to present his/her case prior to the M&M Rounds presentation.

APPENDIX A: OTOLARYNGOLOGY PROCEDURE LIST

General Otolaryngology

Tonsillectomy
Adenoidectomy
Uvulopalatopharyngoplasty
Excision of Thyroglossal Duct Cyst
Hemangioma/Lymphangioma resection
Hemangioma/Lymphangioma treatment
Choanal atresia repair
Microtia reconstruction
Otoplasty
Direct laryngoscopy/bronchoscopy (pediatric)
Tongue tie release
Other

Rhinosinology

EUA/Surgical removal foreign body nose
Cautery nasal septum
Cautery/trimming of turbinates
Septoplasty
Bilateral antral lavage
Endoscopic procedures (excluding sphenoidotomies and frontal recess work)
Endoscopic frontal recess cleaning or sinusotomy
Sphenoidotomy

Revision endoscopic procedures (including sphenoid and frontal sinus work)
Caldwell-Luc antrostomy
External fronto-ethmoidectomy
Other

Head and Neck Oncology/Laryngology

Pharyngoscopy +/- biopsy +/- removal of pouch
Laryngoscopy +/- biopsy +/- removal of foreign body
Bronchoscopy +/- biopsy +/- removal of foreign body
Esophagoscopy +/- biopsy +/- removal of foreign body
Examination under anaesthesia oral cavity, oropharynx, nasopharynx
Microlaryngoscopy +/- biopsy/treatment
Tracheotomy
Excision tracheocutaneous tract
Open neck biopsy
Neck dissection
Neck exploration
CO2 laser oral cavity
Hemithyroidectomy
Total thyroidectomy
Parathyroidectomy
Parotidectomy
Submandibular gland resection
Laryngectomy
Glassectomy (partial/total)
Oromandibular resection
Other

Facial Plastic and Reconstructive Surgery

Closed reduction nasal fracture
Septorhinoplasty (open and closed)
Repair Soft Tissue Lacerations
Facial Nerve Repair
Gold weight implant
Lower lid tightening
Muscle sling
Static sling
Dynamic sling
Lacrimal duct repair
Frontal Sinus fracture
Nasoethmoid fracture
Skull/Cranial fracture
Midface fracture
Zygoma fracture
Orbital floor fracture
Mandibular fracture

Skin graft (full-thickness)
Cartilage graft (auricular, rib, septal)
Local/regional flap
Radial forearm free flap
Fibula free flap
Scapula free flap
Thigh free flap
Latissimus free flap
Pectoralis major flap
Detachment flap pedicle
Blepharoplasty
Rhytidectomy
Mentoplasty
Brow lift
Cervicofacial liposuction
Skin resurfacing
Hair replacement
Other

Otology/Neuro-otology

Surgical removal foreign body ear
Removal ear canal osteoma(ta)
Meatoplasty
Unilateral myringotomy +/- tube insertion
Bilateral myringotomy +/- tube insertion
Removal grommets
Tympanotomy (unilateral) without ossiculoplasty
Ossiculoplasty (including tympanotomy)
Miringoplasty
Tympanoplasty
Stapedectomy
Repair perilymphatic fistula
Endolymphatic sac decompression
Cortical mastoidectomy
Modified radical mastoidectomy
Radical mastoidectomy
Cochlear Implant
Other